

**Campaign Finance Report**  
for  
***Political Action Committees***  
**2009 Reporting Year**

<input type="checkbox"/> Check here if this report is an Amended filing. Amended Count # _____ SBE Committee ID Number: _____	
NAME OF POLITICAL COMMITTEE _____	
MAILING ADDRESS (INCLUDE NUMBER AND STREET), CITY, STATE AND ZIP CODE _____	
DAYTIME TELEPHONE NUMBER (of person preparing this report) _____	EMAIL ADDRESS FOR ACKNOWLEDGEMENTS _____
<b>NO ACTIVITY STATEMENT</b>	
<input type="checkbox"/> I declare that except for the addition of interest or dividend payments and/or subtraction of any bank service charges, no monies or other things of value have been received and no monies have been expended for this reporting cycle. Any interest or dividend payments and/or subtraction of bank service charges will be reported on the appropriate schedule of the next report for any period in which other activity occurs. The balance on hand at the end of the last reporting period was: <div style="text-align: center;">\$ _____</div>	
<b>POLITICAL ACTION COMMITTEE FILING SCHEDULE</b>	
<input type="checkbox"/> APRIL 15, 2009	<input type="checkbox"/> JULY 15, 2009
<input type="checkbox"/> OCTOBER 15, 2009	<input type="checkbox"/> JANUARY 19, 2010
<b>STATEMENT OF TREASURER OR CUSTODIAN OF THE BOOKS</b>	
I declare, subject to the provisions of § 24.2-1016 which is punishable up to a Class 5 Felony, that this report for the period _____ through _____, including all its accompanying schedules, is to the best of my knowledge and belief true, correct and complete.	
_____ (DATE)	_____ SIGNATURE OF TREASURER OR CUSTODIAN OF THE BOOKS

## Instructions for Completing this Form

**Campaign Finance Report for Political Action Committees:** This cover sheet must be filed with every report either:

➤ When any item of value is received and/or when money is spent, this form must be filed along with Schedules G and H and any other schedules required by items reported thereon;

**OR**

➤ If nothing of value, other than interest or dividends has been received and, except for payment of bank service charges, no monies are spent during the reporting period, file this form checking only the “No Activity” box. In this case, you will report in the space indicated, the “same balance” as that stated on line 19 of Schedule H of your last report until such time as you file a report for any period in which other activity has occurred. In the meantime, accurate record keeping is essential.

### REQUIRED INFORMATION

<b>Amended Filing</b>	If this filing is amending a previously filed report, please indicate here by checking the box. The filer only needs to include the cover sheet and the schedules that are affected by the amendment.
<b>SBE Committee ID Number</b>	List the registration number that was issued to the committee upon registering with the State Board of Elections.
<b>Name</b>	List the full name of the political committee.
<b>Mailing Address</b>	List the complete mailing address of the committee, the same way it appears on the <i>Statement of Organization</i> form.
<b>Daytime Telephone Number and Email Address</b>	List the daytime telephone number of the person that prepared this report. If you would like an electronic acknowledgement that the report is received, list the appropriate email address. If you list an email address, communication between SBE’s Campaign Finance Division and your committee will be done via the email address provided.
<b>Date Report Completed and Signature</b>	The treasurer or custodian of the books, whose names appears on the Statement of Organization, must sign and date indicating the report is correct and complete.
<b>Where to file Campaign Finance reports:</b>	<p>➤ <b>ALL Political Action Committees</b> that file <b>electronically</b> must file with the State Board of Elections only. <i>Electronic filers must file by 5:00PM on the report’s due date.</i></p> <p>➤ <b>Political Action Committees</b> file with the State Board of Elections only. <i>Paper reports must be postmarked on or before the report’s due date.</i></p>

# **SCHEDULE A: DIRECT CONTRIBUTIONS OVER \$100**

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: \_\_\_\_\_ THROUGH: \_\_\_\_\_  
PAGE: \_\_\_\_\_ OF: \_\_\_\_\_

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

COLUMN 1 FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR & ZIP [LIST IN ALPHABETICAL ORDER]	COLUMN 2			COLUMN 3 DATE RECEIVED	COLUMN 4 CONTRIBUTION THIS PERIOD	COLUMN 5 AGGREGATE TO DATE
	BUSINESS/CORPORATE DONOR 1. NOT REQUIRED 2. TYPE OF BUSINESS 3. PRINCIPAL PLACE OF BUSINESS	INDIVIDUAL DONOR 1. EMPLOYER OR BUSINESS 2. OCCUPATION 3. PRINCIPAL PLACE OF BUSINESS				
1.						
2.						
3.						
1.						
2.						
3.						
1.						
2.						
3.						
1.						
2.						
3.						
1.						
2.						
3.						
1.						
2.						
3.						
1.						
2.						
3.						
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.				TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE A AND ON LINE 1 OF SCHEDULE G.]		

## **Instructions for Completing this Form**

### ***Schedule A: Direct Contributions over \$100***

This schedule is to be used when reporting monetary contributions from persons, organizations and other entities received by the candidate or committee.

**Itemization of a contribution is required if:**

- the contribution is more than \$100; or
- the contributor has given previously to the committee and the contributor's total contribution (aggregate) in this election cycle (the current reporting year if you are a committee) is more than \$100.

#### **REQUIRED INFORMATION**

**Page Count:** List the page number and the total number of Schedule A's being included with the report which you are filing. (e.g. Page 2 of 4)

**Column 1:** List the full name and complete mailing address of the contributor (this list must be maintained in alphabetical order).

**Column 2:** If the contributor is an individual, list the contributor's employer or business, occupation and the principal place of business (city, state and zip code) where the contributor works. If the contributor is a business or corporate donor, list the type of business of the contributor and the principal place of business (city, state and zip code) where the business is located.

**Column 3:** List the date that the contribution was received by the candidate or committee [the date entered should be the date that the check was actually received by the committee.]

**Column 4:** List the amount of the contribution being given during this reporting period.

**Column 5:** Enter the aggregate contribution. [For a candidate, the aggregate is the total amount of the contribution from the beginning of the election cycle. Political committees will aggregate contributions from the beginning of the current reporting year.] The aggregate includes both monetary and In-Kind [reported on Schedule B] contributions.

**Total This Period:** Add the total amount of contributions shown in Column 4 on the last page of Schedule A. This number should then be transferred to Line 1 of Schedule G.

#### **Other Contribution Reminders**

- § Once a contributor has been itemized on this schedule, all subsequent monies from that contributor, regardless of the amount, must be reported on all future reports for the election cycle (current reporting year for political committees.)
- § Do not list any contributors who were itemized on previous reports but who have not donated to the candidate or committee during the current reporting period.
- § Do not combine contributions of an individual and a related business or organization. Treat each entity as a separate contributor and track the aggregates accordingly.
- § All listed contributions must appear in alphabetical order. Use the last name for individuals and the first letter of the business or corporate name (not including articles such as "THE") when alphabetizing. There is no need to separate corporations, political committees, individuals, or other entities onto separate schedules; submit one alphabetized list for all itemized contributions.
- § For checks drawn on a joint account, enter the name of the person signing the check as the contributor, unless a letter stating otherwise accompanies the check. In this case, both account holders must sign the letter.

# **SCHEDULE B: IN-KIND CONTRIBUTIONS OVER \$100**

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: \_\_\_\_\_ THROUGH: \_\_\_\_\_

PAGE: \_\_\_\_\_ OF \_\_\_\_\_

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

<p><b>COLUMN 1</b></p> <p>FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR &amp; ZIP [LIST IN ALPHABETICAL ORDER]</p>	<p><b>COLUMN 2</b></p> <p><b>DONOR INFORMATION</b></p> <p>1. EMPLOYER OR BUSINESS (NOT REQUIRED IF CORPORATE/COMPANY DONOR) 2. OCCUPATION (CORPORATE CONTRIBUTION - ENTER TYPE OF BUSINESS) 3. PRINCIPAL PLACE OF BUSINESS 4. SERVICE/GOODS RECEIVED 5. BASIS USED TO DETERMINE VALUE</p>	<p><b>COLUMN 3</b></p> <p>DATE RECEIVED</p>	<p><b>COLUMN 4</b></p> <p>CONTRIBUTION THIS PERIOD</p>	<p><b>COLUMN 5</b></p> <p>AGGREGATE TO DATE</p>
<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>				
<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>				
<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>				
<p><b>TOTAL THIS PERIOD</b></p> <p>[ENTER ON LAST PAGE OF SCHEDULE B AND ON LINES 2 AND 7 OF SCHEDULE G.]</p>				

FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.



## **Instructions for Completing this Form**

### ***Schedule B: In-kind Contributions over \$100***

This schedule is to be used when reporting "In-Kind" contributions, received by the candidate or committee from persons, organizations and other entities.

**In-Kind Contributions** – An In-Kind Contribution is the donation of goods, services, property or anything else of value that is offered for free or less than the usual and normal charge; or payments by a third party for goods and services rather than money.

**Note:** The basis for arriving at the dollar value of an in-kind gift is: new items are valued at retail value; used items are valued at fair market value and services rendered are valued at the actual cost of service per hour.

**Itemization is required if:**

- the contribution is more than \$100; or
- the contributor has given previously to the committee and the contributor's total contribution (aggregate) in this election cycle (the current reporting year if you are a committee) is more than \$100.

#### **REQUIRED INFORMATION**

**Page Count:** List the page number and the total number of Schedule B's being included with the report which you are filing. (e.g. Page 2 of 4)

**Column 1:** List the full name and complete mailing address (include zip code) of the contributor (this list must be maintained in alphabetical order).

**Column 2:**

**Individual Contributions** - list the contributor's employer or business; the contributor's occupation and the principal place of business (city and state) where the contributor works; a description of the service or item that was contributed; and the basis used for determining the value of the service or item.

**Business/Corporate Contributions** - list the type of business of the contributor and the principal place of business (city, state and zip code) where the contributor is located; a description of the service or item that was contributed; and the basis used for determining the value of the service or item.

**Column 3:** Enter the date that the In-Kind contribution was received, **NOT** the date that payment for the service was made or the date that the contributor informed the committee of the amount of the service (e.g. if a mailer is sent out on the candidate's behalf, the date should reflect the day that the mailer was mailed to the public.)

**Column 4:** List the amount of the contribution being given during this reporting period.

**Column 5:** List the total contributions for this election cycle (this year for committees) that the contributor has given to the candidate or committee. The aggregate for a contributor includes both monetary and In-Kind (reported on Schedule B) contributions.

**Total This Period:** Add the total amount of In-Kind contributions shown in Column 4 and if more than one page is needed, list the amount on the last page of Schedule B.

#### **Other In-Kind Contribution Reminders**

- § Once a contributor has been itemized on this schedule, all subsequent monies from that contributor, regardless of the amount, must be reported on all future reports for the election cycle (current reporting year for political committees.)
- § Do not list any contributors who were itemized on previous reports but who have not donated to the candidate or committee during the current reporting period.
- § Do not combine contributions of an individual and a related business or organization. Treat each entity as a separate contributor and track the aggregates accordingly.
- § All listed contributions must appear in alphabetical order. Use the last name for individuals and the first letter of the business or corporate name (not including articles such as "THE") when alphabetizing. There is no need to separate corporations, political committees, individuals, or other entities onto separate schedules; submit one alphabetized list for all itemized contributors.

# SCHEDULE C:

## BANK INTEREST, REFUNDED EXPENDITURES AND REBATES

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: \_\_\_\_\_

THROUGH: \_\_\_\_\_

PAGE: \_\_\_\_\_

OF: \_\_\_\_\_

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

COLUMN 1 FULL NAME AND ADDRESS OF PAYER [LIST IN ALPHABETICAL ORDER]	COLUMN 2 REASON/TYPE OF PAYMENT	COLUMN 3 DATE RECEIVED	COLUMN 4 PAYMENT AMOUNT
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.			TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE C AND ON LINE 6 OF SCHEDULE G.]

**Instructions for Completing this Form**  
***Schedule C: Bank Interest, Refunded Expenditures and Rebate***

Use this Schedule when reporting all other miscellaneous receipts of refunds, rebates, interest paid and profits on investments made to the campaign or committee.

**REQUIRED INFORMATION**

**Page Count:** List the page number and the total number of Schedule C's being included with the report which you are filing. (e.g. Page 2 of 4)

**Column 1:** List the full name and complete mailing address of the payer.

**Column 2:** List the reason/type of payment (e.g. telephone refund)

**Column 3:** List the date that the payment was received by the candidate.

**Column 4:** List the amount of the payment received.



# **SCHEDULE D: EXPENDITURES**

MUST BE TYPED OR PRINTED LEGIBLY IN INK

\*\*\*DO NOT INCLUDE REPAYMENT OF LOAN PRINCIPAL OR DISPOSITION OF FINAL SURPLUS FUNDS ON THIS SCHEDULE

REPORTING PERIOD: \_\_\_\_\_ THROUGH: \_\_\_\_\_  
PAGE: \_\_\_\_\_ OF \_\_\_\_\_

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

COLUMN 1 PERSON OR COMPANY PAID MAILING ADDRESS OF PAYEE INCLUDE ZIP	COLUMN 2 ITEM OR SERVICE	COLUMN 3 NAME OF PERSON AUTHORIZING EXPENDITURE	COLUMN 4 DATE OF EXPENDITURE	COLUMN 5 AMOUNT PAID
FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.				TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE D AND ON LINE 9 OF SCHEDULE G.]

## **Instructions for Completing this Form**

### ***Schedule D: Expenditures***

This schedule is to be used when reporting disbursements of Committee funds.

#### **REQUIRED INFORMATION**

**Page Count:** Report the page number and the total number of Schedule D's being included with the report that you are filing (e.g. Page 2 of 4).

**Column 1:** Report the full name of person or company paid and the complete mailing address of payee (including zip).

**Column 2:** Report the description of the item or service purchased.

**Column 3:** Report the name of the individual who authorized the expenditure.

**Column 4:** Report the date the expense was incurred.

**Column 5:** Report the amount of the expenditure.

**Total This Period:** Add the total amount of expenditures shown in Column 6; and if more than one page is needed, report the amount on the last page of Schedule D.

#### **Other Expenditure Reminders**

- § Expenditures should be listed in chronological order.
- § The item or service purchased must be described in sufficient detail to inform the reader of the purpose of the expenditure (e.g. fund-raising expense, travel, payroll, printing and mailing).
- § Avoid vague or incomplete descriptions such as "expenses."
- § Credit Card payments must be itemized.

# SCHEDULE E: LOANS

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: \_\_\_\_\_ THROUGH: \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

## PART I: ITEMIZATION OF LOANS RECEIVED

<b>COLUMN 1</b> FULL NAME OF LENDER ADDRESS OF LENDER (INCLUDE ZIP CODE) [LIST IN ALPHABETICAL ORDER]	<b>COLUMN 2</b> FULL NAME OF CO-BORROWER, GUARANTOR OR ENDORSER ADDRESS (INCLUDE ZIP CODE)	<b>COLUMN 3</b> DATE RECEIVED	<b>COLUMN 4</b> AMOUNT OF LOAN THIS PERIOD	<b>COLUMN 5</b> REMAINING LOAN BALANCE
<b>TOTAL THIS PERIOD</b> [ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 12 OF SCHEDULE G]				

## PART II: ITEMIZATION OF LOANS REPAYED

<b>COLUMN 1</b> FULL NAME OF LENDER ADDRESS OF LENDER (INCLUDE ZIP CODE) [LIST IN ALPHABETICAL ORDER]	<b>COLUMN 2</b> FULL NAME OF CO-BORROWER, GUARANTOR OR ENDORSER ADDRESS (INCLUDE ZIP CODE)	<b>COLUMN 3</b> DATE REPAID	<b>COLUMN 4</b> AMOUNT REPAYED THIS PERIOD	<b>COLUMN 5</b> REMAINING LOAN BALANCE
<b>TOTAL THIS PERIOD</b> [ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 14 OF SCHEDULE G]				

FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION  
REQUIRED ON THIS FORM IS NOT GIVEN.

## Instructions for Completing this Form

### Schedule E: Loans

This schedule is to be used when reporting any loans received or repaid.

**LOAN -** includes any money paid to the candidate or committee that the lender expects to be repaid. A loan may be made by any entity.

#### REQUIRED INFORMATION (GENERAL)

**Page Count:** List the page number and the total number of Schedule E's being included with the report which you are filing. (e.g. Page 2 of 4)

#### REQUIRED INFORMATION (PART I)

**Column 1:** List the full name of the person or company giving the loan and the complete mailing address (including zip code.)

**Column 2:** If one, list the full name of the co-borrower, guarantor or endorser of the loan and their complete mailing address (including zip code.)

**Column 3:** List the date that the loan was received by the candidate or committee.

**Column 4:** List the amount of the loan being given during this reporting period.

**Column 5:** List the remaining loan balance that the candidate or committee has to repay.

**Total This Period:** Add the total amount of loans shown in Column 4; and if more than one schedule is needed, list the amount on the last page of the Schedule E, Part I.

#### REQUIRED INFORMATION (PART II)

**Column 1:** List the full name of the person or company giving the loan and the complete mailing address (including zip code.)

**Column 2:** If one, list the full name of the co-borrower, guarantor or endorser of the loan and their complete mailing address (including zip code.)

**Column 3:** List the date that the loan or a portion of the loan was repaid by the candidate or committee.

**Column 4:** List the amount of the loan that is being repaid during this reporting period.

**Column 5:** List the remaining loan balance that the candidate or committee has to repay.

**Total This Period:** Add the total amount of loans shown in Column 4; and if more than one schedule is needed, list the amount on the last page of Schedule E, Part II.

# SCHEDULE F:

## DEBTS REMAINING UNPAID AS OF THIS REPORT

MUST BE TYPED OR PRINTED LEGIBLY IN INK

Include all contracts, credit purchases and loans payable.

REPORTING PERIOD: \_\_\_\_\_ THROUGH: \_\_\_\_\_

PAGE: \_\_\_\_\_ OF \_\_\_\_\_

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

COLUMN 1 FULL NAME OF CREDITOR MAILING ADDRESS OF CREDITOR INCLUDE ZIP	COLUMN 2 PURPOSE OF OBLIGATION	COLUMN 3 DATE DEBT INCURRED	COLUMN 4 AMOUNT REMAINING UNPAID
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.			TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE F AND ON LINE 20 OF SCHEDULE H.]



**Instructions for Completing this Form**  
***Schedule F: Debts Remaining Unpaid as of this Report***

This schedule is to be used when listing any debt that is outstanding  
as of the close of the reporting period.

**Debt** - includes loans payable, services or goods contracted by the committee for which payment has not been made (i.e., credit purchases), and any other contract or financial obligation of the campaign.

**REQUIRED INFORMATION**

**Page Count:** List the page number and the total number of Schedule F's being included with the report which you are filing (e.g. Page 2 of 4).

**Column 1:** List the full name and address (including zip code) of the creditor that the candidate or committee owes.

**Column 2:** Describe the nature or reason for this obligation (e.g. office products).

**Column 3:** List the date that this debt was incurred.

**Column 4:** List the amount of the debt that remains unpaid.

## SCHEDULE G: STATEMENT OF FUNDS

MUST BE TYPED OR PRINTED LEGIBLY IN INK

FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.

REPORT PERIOD FROM \_\_\_\_\_ THROUGH \_\_\_\_\_.

**FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE, OR POLITICAL COMMITTEE**

\*Please Enter Zero on Lines with No Activity

### **CONTRIBUTIONS RECEIVED THIS PERIOD**

	<b>Number of Contributions</b>	<b>Amount</b>	
1. Schedule A [Over \$100]	# _____	\$ _____	
2. Schedule B [Over \$100]	# _____	\$ _____	
3. Un-itemized cash contributions [\$100 or less]	# _____	\$ _____	
4. Un-itemized In-Kind Contributions [\$100 or less]	# _____	\$ _____	
5. <b>TOTAL</b> [Add Lines 1, 2, 3 & 4]	# _____		\$ _____

### **BANK INTEREST, REFUNDED EXPENDITURES AND REBATES**

6. Schedule C [also enter on Line 17b on Schedule H] \$ \_\_\_\_\_

### **EXPENDITURES MADE THIS PERIOD**

7. Schedule B [From line 2 Above]	\$ _____	
8. Un-itemized In-Kind contributions [From line 4 Above]	\$ _____	
9. Schedule D [Expenditures]	\$ _____	
10. <b>TOTAL</b> [add lines 7, 8 and 9]		\$ _____

### **RECONCILIATION OF LOAN ACCOUNT**

11. Beginning loan balance [from Line 15 of last report]	\$ _____	
12. Loans received this period [from Schedule E - Part I]	\$ _____	
13. <b>SUBTOTAL</b> [Add Lines 11 and 12]		\$ _____
14. <b>Subtract:</b> Loans repaid this period [from Schedule E - Part II]	(\$ _____)	
15. Ending loan balance [subtract Line 14 from Line 13]		\$ _____

**Instructions for Completing this Form**  
***Schedule G: Monetary Contributions over \$100***

This schedule is a statement of the information on contributions, receipts, expenditures and loan transactions for the reporting period.

**REQUIRED INFORMATION**

**Line 1:** Enter the total number of contributors itemized on Schedule A, and the total dollar amount of itemized contributions received this period [the amount shown at bottom of the last page of *Schedule A*].

**Line 2:** Enter the total number of In-Kind contributors itemized on Schedule B and the total dollar amount of itemized In-Kind contributions received this period [the amount shown at bottom of the last page of *Schedule B*].

**Line 3:** Enter total number of contributors and the total dollar amount of contributions received this period from contributors who gave monetary contributions \$100 or less and whose contribution this election cycle (the current reporting year for political committees) is less than \$100.

**Line 4:** Enter total number of In-Kind contributors and the total dollar amount of In-Kind contributions received this period for contributors who gave In-Kind contributions \$100 or less and that contributor's aggregate contribution this election cycle (the current reporting year for political committees) is less than \$100.

**Line 5:** Add lines 1, 2, 3 and 4 - enter total.

**Line 6:** Enter total of other receipts [the amount shown at bottom of the last page of *Schedule C*].

**Line 7:** Enter the amount from Line 2.

**Line 8:** Enter the amount from Line 4.

**Line 9:** Enter the total amount of expenditures [shown at the bottom of the last page of *Schedule D*].

**Line 10:** Add lines 7, 8 and 9 - enter total.

**Line 11:** Enter amount listed on line 15 of last report.

**Line 12:** Enter total loans received this period [the amount shown at bottom of part I of *Schedule E*].

**Line 13:** Add lines 11 and 12 - enter subtotal.

**Line 14:** Enter total loans repaid this period [the amount shown at bottom of part II of *Schedule E*].

**Line 15:** Subtract line 14 from line 13 - enter difference.

# SCHEDULE H: SUMMARY OF RECEIPTS AND DISBURSEMENTS

MUST BE TYPED OR PRINTED LEGIBLY IN INK

FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.

REPORT PERIOD FROM \_\_\_\_\_ THROUGH \_\_\_\_\_.

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE, OR POLITICAL COMMITTEE

\*Please Enter Zero On Lines with No Activity

16. Beginning Balance [Line 19 of last report] \$ \_\_\_\_\_

17. Receipts for Current Reporting Period:

a. Contributions received this period [Line 5 of Schedule G] \$ \_\_\_\_\_

b. Bank interest, refunded expenditures and rebates [Line 6 of Schedule G] \$ \_\_\_\_\_

c. Loans received this period [Line 12 of Schedule G] \$ \_\_\_\_\_

d. Subtotal: Contributions and Receipts received this period  
[Add Lines 17a, 17b and 17c above] \$ \_\_\_\_\_

e. Total Expendable Funds [Add Lines 16 and 17d] \$ \_\_\_\_\_

18. Disbursements for Current Reporting Period:

a. Expenditures made this reporting period [Line 10 of Schedule G] \$ \_\_\_\_\_

b. Loans repaid this reporting period [Line 14 of Schedule G] \$ \_\_\_\_\_

c. Other surplus funds paid out [from Schedule I] \$ \_\_\_\_\_

d. Total Payments Made [Add lines 18a, 18b, and 18c] \$ \_\_\_\_\_

19. Ending Balance [Subtract Line 18d from Line 17e]  
(MUST MATCH LINE 29) \$ \_\_\_\_\_

20. Total Unpaid Debts [from Schedule F of this report] \$ \_\_\_\_\_

## Committee's Receipts and Disbursements – Election Cycle Totals

21. Balance at Start of Election Cycle \$ \_\_\_\_\_

22. Previous Receipts [Line 24 from last report]  
(ENTER ZERO IF FIRST REPORT OF ELECTION CYCLE) \$ \_\_\_\_\_

23. Receipts from Current Reporting Period [Line 17d above] \$ \_\_\_\_\_

24. Total Receipts this Election Cycle [Add lines 22 and 23] \$ \_\_\_\_\_

25. Total Funds Available [Add lines 21 and 24] \$ \_\_\_\_\_

26. Previous Disbursements [Line 28 from last report]  
(ENTER ZERO IF FIRST REPORT OF ELECTION CYCLE) \$ \_\_\_\_\_

27. Disbursements from Current Reporting Period [Line 18d above] \$ \_\_\_\_\_

28. Total Disbursements this Election Cycle [Add lines 26 and 27] \$ \_\_\_\_\_

29. Ending Balance [Subtract Line 28 from Line 25 - Difference must match Line 19] \$ \_\_\_\_\_

**Instructions for Completing this Form**  
***Schedule H: Summary of Receipts and Disbursements***

This schedule contains a summary of the total of contributions, receipts, expenditures of the current election cycle (current reporting year for committees).

**REQUIRED INFORMATION**

**Line 16:** List the beginning balance [the amount shown on line 19 of the last filed report]. If this is the first report the campaign or committee has filed, this amount will be zero. If this is the first report of the Election Cycle (current reporting year for committees) the amount will be taken from the ending balance [line 19] of the last report filed.

**Line 17:**

- a. List total contributions received this period [the amount shown on line 5 of *Schedule G* of this report].
- b. List total rebates, refunds, interest and other miscellaneous income [the amount shown on Line 6 of *Schedule G* of this report].
- c. List total loans received this period [the amount shown on line 12 of *Schedule G* of this report].
- d. Add lines 17a, 17b and 17c of this schedule – enter total.
- e. Add lines 16 and 17d of this schedule – enter total.

**Line 18:**

- a. List total expenditures made this period [the amount shown on line 10 of *Schedule G* of this report].
- b. List total loans repaid this period [the amount shown on line 14 of *Schedule G* of this report].
- c. List other surplus funds being paid out [the amount shown at the bottom of the last page of *Schedule I*].
- d. Add lines 18a, 18b, and 18c - enter total.

**Line 19:** Subtract line 18d from line 17e - enter difference. **This Difference Must Match Line 29.**

**Line 20:** Enter total of all unpaid debts [the amount shown at the bottom of Schedule F of this report.]

**Line 21:** Enter balance at start of Election Cycle:

**Candidates** – A candidate's election cycle begins on January 1 of the year immediately following the election for the office and ends on December 31 the year of the election for the office. New candidates' will enter zero.

**Political Committees** – Enter balance at start of this calendar year.

**Line 22:** List total receipts from last report [enter amount shown on line 24 from last report.] Amount will be **ZERO** if this is the first report of the election cycle (first report of calendar year for committees.)

**Line 23:** List receipts from current reporting period [enter amount on line 17d of this report.]

**Line 24:** Add lines 22 and 23 – enter total.

**Line 25:** Add lines 21 and 24 – enter total.

**Line 26:** Enter previous disbursement totals [the amount shown on line 28 of last report.] Amount will be **ZERO** if this is the first report of the election cycle (first report of calendar year for committees.)

**Line 27:** Enter total disbursements from current reporting period [the amount shown on line 18d of this report.]

**Line 28:** Add lines 26 and 27 – enter total.

**Line 29:** Subtract line 28 from line 25 – enter the difference. **THIS DIFFERENCE MUST MATCH LINE 19.**



**SCHEDULE I: FINAL SURPLUS FUNDS PAID OUT**  
MUST BE TYPED OR PRINTED LEGIBLY IN INK  
**USE THIS SCHEDULE ONLY WHEN FILING A FINAL**

REPORTING PERIOD: \_\_\_\_\_ THROUGH: \_\_\_\_\_  
PAGE \_\_\_\_\_ OF \_\_\_\_\_

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

COLUMN 1 PERSON OR COMPANY PAID	COLUMN 2 MAILING ADDRESS OF PAYEE INCLUDE ZIP	COLUMN 3 TYPE OF DISPOSITION	COLUMN 4 NAME OF PERSON AUTHORIZING EXPENDITURE	COLUMN 5 DATE OF EXPENDITURE	COLUMN 6 AMOUNT PAID
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.					TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE I AND ON LINE 18d OF SCHEDULE H.]

## **Instructions for Completing this Form**

### ***Schedule I: Final Surplus Funds Paid Out***

This schedule is to be used when reporting the disbursement of surplus funds. It should be included **only** when filing a Final report.

#### **REQUIRED INFORMATION**

**Page Count:** List the page number and the total number of Schedule I's being included with the report which you are filing (e.g. Page 2 of 4)

**Column 1:** List the full name of person or company paid.

**Column 2:** List the complete mailing address of payee (including zip).

**Column 3:** List the description of the disposition of funds (e.g. returning contribution).

**Column 4:** List the name of the individual who authorized the surplus payment.

**Column 5:** List the date the surplus was paid.

**Column 6:** List the amount of surplus paid.

**Total This Period:** Add the total amount of surplus expenditures shown in Column 6; and if more than one page is needed, list the amount on the last page of Schedule I.